

Company Name:

**Year 2003**  
**State of Connecticut**  
**Insurance Fraud Report**

NAIC Number:

Line	Fraud Reporting Requirement	Column A	Column B	Column C	Column D	Column E	Column F
		Auto	Workers' Compensation	Life	Accident & Health	Other	Total (Columns A-E)
01	Number of policies in force (excluding group plans)	0	0	0	0	0	0
01a	Number of plan members (group plans only)	0	0	0	0	0	0
02	Number of claims received (excluding group plans)	0	0	0	0	0	0
02a	Number of claims received (group plans only)	0	0	0	0	0	0
03	Number of cases of suspected fraud accepted by SIU (by type)	0	0	0	0	0	0
03a	• Number of policy application cases referred to SIU	0	0	0	0	0	0
03b	• Number of claim cases referred to SIU	0	0	0	0	0	0
03c	• Number of other cases referred to SIU	0	0	0	0	0	0
04	Amount of money not paid on fraudulent cases	0	0	0	0	0	0
05	Amount of money recovered on fraudulent cases	0	0	0	0	0	0
06	Number of cases referred to authorities ((by type of perpetrator):	0	0	0	0	0	0
06a	• Insured/Policyholder	0	0	0	0	0	0
06b	• Claimant/Member	0	0	0	0	0	0
06c	• Agent/Employee	0	0	0	0	0	0
06d	• Medical Provider	0	0	0	0	0	0
06e	• Legal Provider	0	0	0	0	0	0
06f	• Other	0	0	0	0	0	0

## Notations/Explanations

Prepared by:		I hereby certify that to the best of my knowledge and belief the information included in this report is true, accurate and complete. (To be completed by SIU Director or comparable manager)	
Name:	Title:		Title:
Signature:	Date:	Signature:	Date:
		E-Mail Address:	